

Membership Form

The Arkansas River Coalition's mission is to protect, restore and to improve the entire watershed and enhance the well being of all life it sustains. I want to support its goals by becoming a member.

Your name/joint names/Partner name _____

Address _____

Telephone _____

e-mail _____

_____ Senior/Student/Other membership \$15.00 (please circle one)

_____ Individual membership \$20.00

_____ Joint membership \$30.00

_____ Family membership \$40.00

_____ Partner \$50.00 (an individual, group or business)

_____ Other contribution

Donations are tax deductible as charitable contributions for federal income tax purposes under Section 501 (c) (3) of the Internal Revenue Code. Please print this form and complete as indicated.

Make check out to the Arkansas River Coalition and mail with the completed form to :
Arkansas River Coalition, Inc.
PO Box 3056
Wichita, KS 67201

Thanks!